



**City  
of  
Milwaukee**

ccl-128 (R 07/03)

## **DIRECT SELLER LICENSE INFORMATION**

OFFICE OF THE CITY CLERK LICENSE DIVISION

200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202

(414) 286-2238 EMAIL: [LICENSE@MILWAUKEE.GOV](mailto:LICENSE@MILWAUKEE.GOV)

### **DEFINITION:**

"Direct Seller" means any person who sells goods or takes sales orders for the later delivery of goods on any public way or other public premises, and includes peddlers or solicitors. "Direct Seller" does not include a food peddler, transient merchant, or permanent merchant conducting a temporary sidewalk sale.

**LICENSE YEAR:** April 1 through March 31 of each year.

**REQUIREMENTS:** Applicants must have attained the age of 18 at the time of filing.

**APPLICATION:** License Division, City Hall, 200 E. Wells Street, Room 105, Milwaukee, WI 53202.

### **LICENSE FEE (must be submitted with the application):**

\$129.00. (The application must be notarized. A \$.50 fee will be charged for applications notarized by the License Division.)

**PHOTOS:** Submit (2) two recent passport sized full-face photos with your application.

**POLAROID OR POLAROID TYPE PICTURES ARE NOT ACCEPTABLE.**

### **POLICE DEPARTMENT:**

All new applicants whose fingerprints are not on file with the police department must report to the Police Administration Building between the hours of 6:00 AM AND 6:00 PM, 951 N. James Lovell Street (7<sup>th</sup> St), Room 305 to be fingerprinted by police personnel. If you have previously been fingerprinted by the Milwaukee Police Department, call (414) 935-7281 to determine whether or not your fingerprints are still on file. If you are an out of town resident, please call (414) 935-7281 to receive information on how to comply with the fingerprinting requirement.

**NOTE: NO DIRECT SELLER SHALL SELL OR OFFER FOR SALE ANY ITEM WHILE ON A ROADWAY OR MEDIAN OR SAFETY ISLAND, UNLESS; THE ROADWAY HAS BEEN LEGALLY CLOSED TO TRAFFIC FOR A PARADE, FESTIVAL OR OTHER CIVIC OR SPECIAL EVENT.**

### **STATE REQUIREMENT:**

Applicants must obtain a Seller's Permit Number from the State of Wisconsin and submit a copy of seller's permit to the License Division, before your license can be issued. Apply at the State Office Building, 819 N. 6th Street, Room 408, or call (414) 227-4444.

### **SPECIAL PRIVILEGE REQUIREMENT:**

If your merchandise is sold from a pushcart, stand, table or any other stationary apparatus, you are required to obtain a Special Privilege Permit, which is granted by the Common Council. It generally takes about (7) seven weeks to process an application for a Special Privilege. Obtain applications at 841 N. Broadway Room 919 or call Ron Sweet at (414) 286-2454.

***Any applications submitted without the appropriate fee, notarization or the two recent passport sized full-face photographs, will be returned.***

ORDINANCES GOVERNING DIRECT SELLERS ARE IN SECTIONS 95-1 & 105-56  
THROUGH 105-59 OF THE MILWAUKEE CODE AND MAY BE VIEWED ONLINE

<http://www.ci.mil.wi.us/citygov/council/isysintro.htm>



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## **DIRECT SELLER LICENSE APPLICATION**

OFFICE OF THE CITY CLERK LICENSE DIVISION  
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202  
(414) 286-2238 E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV

*Any incomplete application or application submitted without the required \$129.00 fee, notarization or photographs will be returned. Checks should be made payable to the City of Milwaukee. Mail to above address.*

<b>Legal Name:</b>			
First Name	Middle Initial	Last Name	Suffix (Jr. Sr., etc.)
List any other names by which you have been known on official records:			
Address:			Apt. #
City		State	Zip Code
Home Phone #	( ) -	Date of Birth:	
Height:	Weight:	Hair Color:	Eye Color:
Wisconsin State Seller's Permit Number:			
HAVE YOU BEEN CONVICTED OF VIOLATING ANY FEDERAL LAWS, STATE OR LOCAL ORDINANCES? (Other than traffic, within the last 5 years) Yes <input type="checkbox"/> NO <input type="checkbox"/> IF ANSWER IS YES, LIST, DATE(S), CHARGE(S) AND PENALTY: _____ _____ _____			
ARE YOU DISABLED? Yes <input type="checkbox"/> NO <input type="checkbox"/> (If yes, written Proof must be provided)			
ARE YOU A 25% DISABLED VETERAN? Yes <input type="checkbox"/> NO <input type="checkbox"/> (If yes, written proof must be provided)			
NATURE OF BUSINESS AND GOODS, AND METHODS OF DELIVERY: _____ _____			
<b>Vehicle used in business:</b>			
MAKE:		MODEL:	LICENSE #:
NAME AND ADDRESS OF ANY PERSON, FIRM OR ORGANIZATION YOU REPRESENT:			
Will a stationary apparatus be used in your business? Yes <input type="checkbox"/> NO <input type="checkbox"/> If yes, give description and size: _____ _____			
<i>Note: If goods are to be sold from a pushcart, stand, table, container or other stationary apparatus to be located on the public way or other public premises, the direct seller must also obtain a special privilege permit granted by common council resolution pursuant to s. 245-12.</i>			

**OVER**

**Out of State  
Residents Only**

Local Address:

City:

Zip Code:

Phone Number:

NAME THE LAST THREE CITIES IN WHICH YOU HAVE CONDUCTED BUSINESS:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

WHERE CAN YOU BE REACHED WITHIN 7 DAYS OF LEAVING MILWAUKEE:

The undersigned agrees to inform the City Clerk within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide the services offered under this license, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.

I have knowledge of the City Ordinances currently regulating the license applied for herein, and depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.

I hereby appoint the City Clerk of the City of Milwaukee my agent to accept service of process in any civil action brought against me arising out of any sale or service performed by me in connection with my direct sales activities.

\_\_\_\_\_  
Signature of Applicant

SUBSCRIBED AND SWORN TO BEFORE ME THIS

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Wisconsin

My commission expires \_\_\_\_\_

**Office Use Only:** Initials \_\_\_\_\_ Filed \_\_\_\_\_ License # \_\_\_\_\_ Issued \_\_\_\_\_